

Communities That Care

# Community Board Orientation

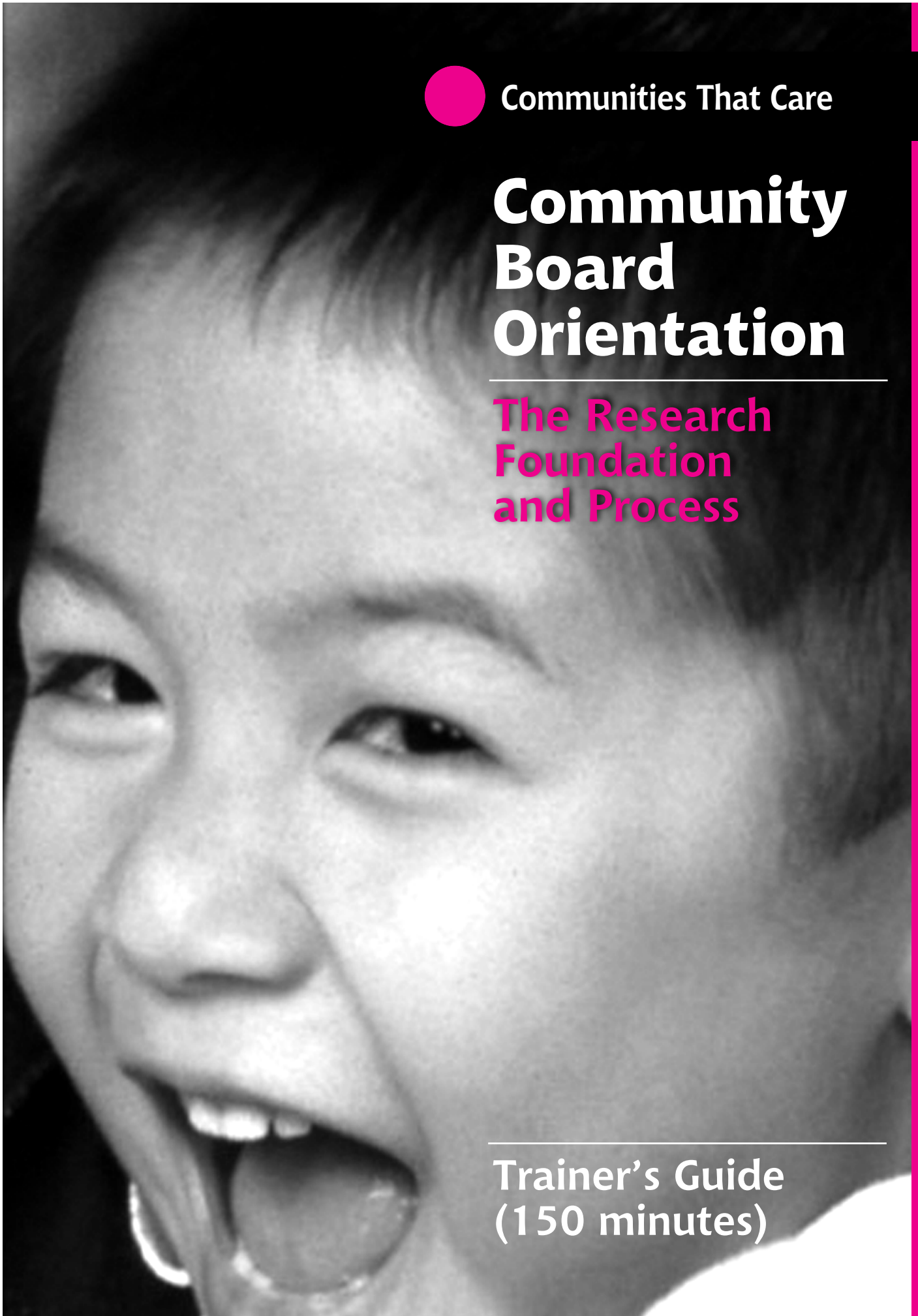
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The Research  
Foundation  
and Process

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Trainer's Guide  
(150 minutes)

Module 2



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### Mouse-Click Icon

*(for a computer-based presentation)*

The mouse-click icon shows you what information will come up on the slide when you click. (Some slides use several clicks.)

**Module 2**

Communities That Care

# Overview: The Research Foundation and Process

Community Board Orientation 2-1



Slide 2-1

Notes

**Phase Two:  
Organizing, Introducing, Involving**

Communities That Care

- Module 1** Setting the Stage
- Module 2** Overview: The Research Foundation and Process
- Module 3** Milestone: Address Readiness Issues
- Module 4** Milestone: Engage Key Leaders
- Module 5** Milestone: Educate and Involve the Community
- Module 6** Milestone: Create an Effective Community Board
- Module 7** Next Steps

Community Board Orientation 2-2



Slide 2-2

WE ARE  
HERE.

Review slide 2-2.



## Slide 2-3

# Notes

## Module 2 goal

Communities That Care

Provide an overview of the *Communities That Care* research foundation and process.



Community Board Orientation

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**NOTE:** This module is intended for those interested in becoming involved in a *Communities That Care* initiative currently happening in their community, or in one that is just starting. The decision to implement the *Communities That Care* system has already been made by Key Leaders at the Key Leader Orientation. This Community Board Orientation is the next step in the *Communities That Care* process.

Review the slide.

*This module examines the research foundation of the Communities That Care system, including the Social Development Strategy, risk and protective factors, and problem behaviors. It also provides an overview of the Communities That Care “operating system” process.*

## Objectives

Communities That Care

On completing this module, you will be able to:

1. describe what the *Communities That Care* system is and how it helps communities
2. describe the research foundation of the *Communities That Care* system
3. explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors
4. explain how the *Communities That Care* operating system works
5. describe the benefits of using the *Communities That Care* operating system.

Community Board Orientation

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Slide 2-4

# Notes

Review the slide.



Slide 2-5

# Notes

## The Communities That Care system...

uses prevention-science research to promote positive youth development and prevent youth behavior problems

provides local control and flexibility to maintain support and sustainability

matches a local profile of risk, protection and problem behaviors to tested, effective programs, policies and practices

focuses on outcomes to ensure accountability for resources.

Community Board Orientation

2-5

**Objective 1: Describe what the *Communities That Care* system is and how it helps communities.**

Review the slide.



## Communities That Care

- Factors  
gies
- 
- A pair of round, dark-rimmed glasses with thin temples, resting on a light-colored, slightly textured surface. The glasses are positioned diagonally, with the left lens closer to the bottom left corner. The background is a soft, out-of-focus light gray.

## Community Board Orientation



Slide 2-6

*How many of you believe we know how to prevent problem behaviors among teens—such as alcohol and other drug use, violence and crime—and also how to ensure the healthy development of our youth?*

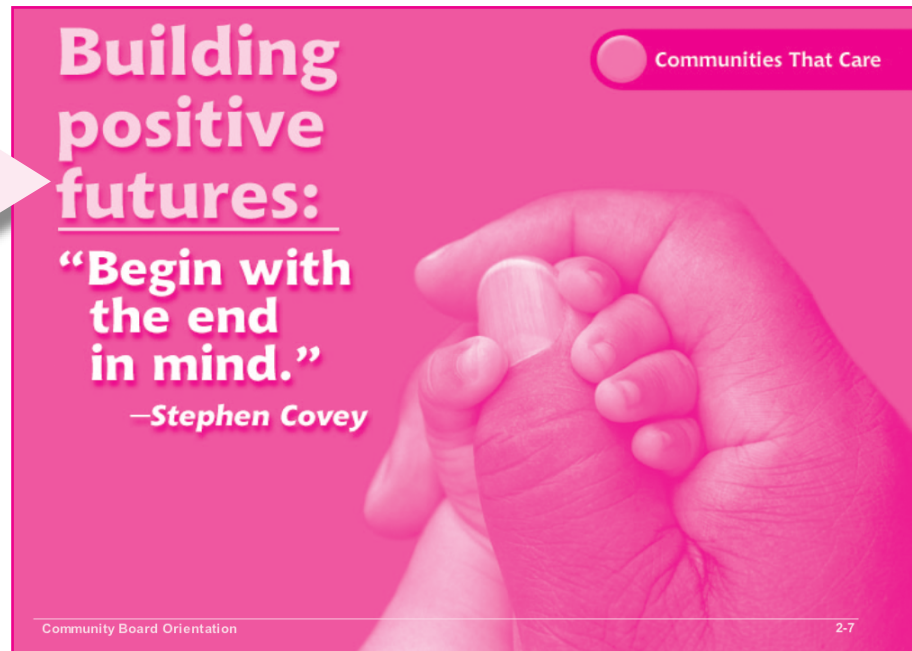
*In fact, we've amassed a growing body of knowledge in this field of "prevention science" over the last 30 years. The Communities That Care system uses that knowledge to provide a framework that communities can use in the daily lives of children and families.*

Review the slide.



Slide 2-7

# Notes



**Objective 2: Describe the research foundation of the *Communities That Care* system.**

### Mental Set

*How many of you have read Stephen Covey's book The 7 Habits of Highly Effective People? Covey's second habit is "Begin with the end in mind."*

*As we talk about the development of our children, we need to think clearly about the end we have in mind.*

*Take a moment and think about the babies being born in your community. Imagine yourself as a new mother or father, holding your baby for the first time.*

Pause.



Slide 2-8

**“Begin with  
the end  
in mind.”**

—Stephen Covey

Community Board Orientation

2-8

# Notes

Now imagine those babies as the adults they will become. They will be the adults with whom you share your community. They will be your neighbors and co-workers, the pharmacists, plumbers, politicians and teachers of tomorrow. They may be your sons- or daughters-in-law. They will stand next to you in the voting booth. They will pay your Social Security benefits. Childhood is not the end we need to focus on. Positive, healthy adulthood is the end we must keep in mind. We are not raising children, we are raising adults, and we must keep in mind the kind of adults we want to produce.

What is the end we have in mind? Let's take a minute and reflect on it. At the bottom of your page, I'd like you to write three words that describe the kind of adults you hope babies born into your community will become—the kind of adults you would like to have sharing your community. They don't have to be the only three qualities or the most important qualities, just three that come to mind.

Allow about two minutes.

Next, I'd like you to work with the others at your table to agree on three qualities you would all like to see in the adults those babies will become. Again, they needn't be the only three or the top three, just three the group can agree on. Please write these on the easel page at your table.

Allow about three minutes to discuss. Then ask each group to quickly share what they wrote.

This should be your starting place as a community of adults who care about children. These qualities represent the consistent message that you can send to children about what is important in your community.



Slide 2-9

# Notes

## The Social Development Strategy

A research-based model that organizes known protective factors into a guiding framework for building positive futures for children

Communities That Care



Community Board Orientation

2-9

### **Objective 2: Describe the research foundation of the Communities That Care system.**

*The Social Development Strategy (SDS) was developed by Dr. J. David Hawkins and Dr. Richard F. Catalano, of the University of Washington, to organize the research on healthy youth development. The SDS provides a road map, or framework, for getting from birth to healthy, positive adulthood. The SDS can help you work together as a community to reach the “end you have in mind” for your community’s children and youth.*

*Communities using the Communities That Care system in Colorado called their initiative “Build a Generation,” to keep them focused on the end in mind. They wanted to stay focused on the long-term nature of their effort—to create a generation with the kinds of healthy, positive qualities you just listed.*



Slide 2-10

# Notes

## Objective 2: Describe the research foundation of the Communities That Care system.

Review each item as you click it onto the screen and elaborate as follows:



*The SDS begins with healthy behaviors. These are the qualities you all listed earlier, the end you have in mind. But just knowing the desired end is not enough to ensure healthy development.*

*The research on social development tells us that in order to have healthy behaviors, children must be connected to adults who communicate healthy beliefs and clear standards for their behavior.*

# Notes



Think back to when you were in third grade. What expectations and standards did the adults in your life communicate to you?

Take several responses.

*What do you think would happen if we asked children in your community the same question? Would they express the same types of expectations? Would the expectations they express be as consistent across the different areas of their lives—in their families, schools, communities and peer groups—as they were in your childhood?*

*As our communities have become more complex and more diverse, and as children's exposure to the world has expanded, it has become more important (and more difficult) to ensure that a consistent set of expectations and standards for children is in place. As adults, we have to work harder at it than previous generations did. But research shows that these healthy beliefs and clear standards are an important protective factor that buffers children from exposure to risk.*

*So, even if we can't eliminate or reduce all the risks in young people's lives, we can build this protective shield of healthy beliefs and clear standards around them to help them withstand those risks. As adults who influence children, it is important that we clearly tell children what behaviors are expected of them. We need to tell them what is acceptable behavior in our schools and our families, and what is not.*

### Check for understanding.

*Turn to a partner and share one way that healthy beliefs and clear standards are communicated to children and youth in your community.*

Ask for three people to share ideas.

*So, we know that it's important to communicate healthy beliefs and clear standards to children. But is it enough? If we just tell students the rules and expectations, they'll follow them, right? Unfortunately, not. Researchers investigated the difference between young people who choose to follow healthy beliefs and clear standards and those who do not. The difference, they discovered, is bonding.*



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*Bonding motivates young people to follow expectations.*

*Bonding means an attached, committed relationship between an adult and a child. A child who feels that kind of attachment and commitment is less likely to threaten that relationship by violating the standards and expectations held by the adult.*

*So, if my son is bonded to me, if he cares about our relationship, he is going to think twice about engaging in behavior that violates our family guidelines. If a child has an attached and committed relationship with her teacher, she will work harder to follow the classroom expectations because she doesn't want to threaten that relationship.*

*Studies have consistently shown that even when children live in high-risk environments, a strong bond to a caring adult who holds healthy beliefs and clear standards can be a powerful protective factor in ensuring healthy development. This is important because we know that most children face some risks in their lives—and some face many more than others.*

*Raise your hand if you can think of a child in your community who doesn't have that kind of attached, committed relationship with a parent, or a child whose parent doesn't have healthy beliefs and clear standards.*

*The power of bonding is that it just takes one person! One adult who cares about a child, who holds healthy beliefs and clear standards for that child, and who builds a strong, protective bond with that child can make the difference in whether that child's development follows a healthy and positive—or a negative and antisocial—path. That caring adult may be a parent, extended family member, neighbor, coach, teacher or member of the child's faith community. That adult can be anyone who holds healthy beliefs and clear standards and builds the kind of attached, committed relationship that produces strong bonds. There can never be too many of these relationships in children's lives—but it ONLY TAKES ONE to make a difference.*

*So, the million-dollar question is: How do you build bonding? How do you create those attached, committed relationships with children that motivate them to follow healthy beliefs and clear standards?*

# Notes

# Notes



The research on the SDS looked at how bonding—that attached, committed relationship between a child and an adult—develops. It found three necessary conditions.

First, children need to have developmentally appropriate opportunities to be meaningfully involved with and contribute to the social group (family, school, etc.). For example, feeding the class pet could be a meaningful opportunity for a first- or second-grade student, while preparing part of a lesson could be an appropriate opportunity for a middle-school student.

The goal of opportunities for meaningful involvement is to make children feel valuable. They need to feel like an important, indispensable part of their community, school or family, and that what they do makes a difference. We want to make them feel that if they weren't a part of the community, the community couldn't work quite as well; that their school couldn't possibly function if they weren't there; that their family couldn't get by without them. The message we want to convey is, "You have an important role to play."

Think about your own community. Do young people feel that they have an important role to play in your community? Are they viewed as assets, without which the community would be less successful? When teenagers walk down the streets, do the adults they meet look at them with an expression that says, "I know that you play an important role in our community"? Unfortunately, in many communities, the opposite is true. Young people not only don't feel valuable, they feel they are seen as a threat or, at the very least, a nuisance. Should we be surprised when these young people don't feel bonded to the community?

So, the first ingredient in bonding is opportunities for children and youth to be meaningfully involved in their communities, families and schools.

The second important aspect of bonding is skills. If young people are given an opportunity, but lack the skills for success, the opportunity is likely to produce frustration or failure—not an experience that builds a strong bond. Successful involvement builds bonds. When we give children opportunities, we need to make sure they have the emotional, cognitive, social and behavioral skills to be successful.

For example, when we give young people opportunities to be involved in committees or advisory groups in the community, we need to make sure that they have, or learn, the skills to be successful members. They may need to learn skills for interacting with adults or for public speaking. They may need to learn Robert's Rules of Order. They may need to learn how to listen effectively to different points of view.

The final component of bonding is recognition. When young people have been given opportunities and have the skills to be successful, we need to ensure that they are recognized for their involvement. This sets up a reinforcing cycle in which children continue to look for opportunities and learn skills and, therefore, get recognition. Recognition must be specific to the behavior or involvement. It can be as simple as a thank you or a hug, or it can be a material reward. The important thing is that the child perceives the recognition as rewarding. So, it is important to find out from young people what types of recognition they value.

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*Three individual characteristics influence how children experience bonding: a prosocial (a positive social) orientation, a resilient temperament and high intelligence.*

*Outgoing, social children are more likely to take advantage of opportunities for involvement, and to have the social skills to be successful in many situations.*

*Resilient children—those who bounce back easily from difficulties and frustration—may persist more in seeking opportunities and learning skills than children who give up easily.*

*Children with high intelligence may be given more opportunities and may find it easier to learn some skills.*

*The important thing is that, for children who lack any of these protective characteristics, we must work a little harder to ensure that they have the opportunities, skills and recognition to build strong bonds.*

### Guided practice

Assign each table group one of the following “constituent groups.” Then ask each table group to develop an explanation of the SDS that would be meaningful to the constituent group.

1. parents
2. teachers
3. employers
4. teenagers
5. Key Leaders not yet involved.

Allow five minutes. Ask each group to briefly share its explanation.

### Check for understanding.

Ask for volunteers to answer the following questions:

- What are some opportunities that a 4-year-old could have in the family?
- What are some opportunities that an 8-year-old could have in the classroom?
- What are some opportunities that a 13-year-old could have in his or her peer group?
- What are some opportunities that a 17-year-old could have in the community?

Make sure participants understand that the SDS applies across all phases of development, from birth on.

Ask that each participant briefly list at the bottom of his or her page some of the adults with whom children and youth may have strong bonds in their community.

Ask if everyone understands the SDS, or if anyone has any questions.

Ask if everyone agrees that the SDS is a way to help build healthy behaviors.

# Notes



Slide 2-11

# Notes

## Prevention-science research base

Communities That Care

- The Social Development Strategy
- The public health approach

Community Board Orientation

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### Objective 2: Describe the research foundation of the Communities That Care system.

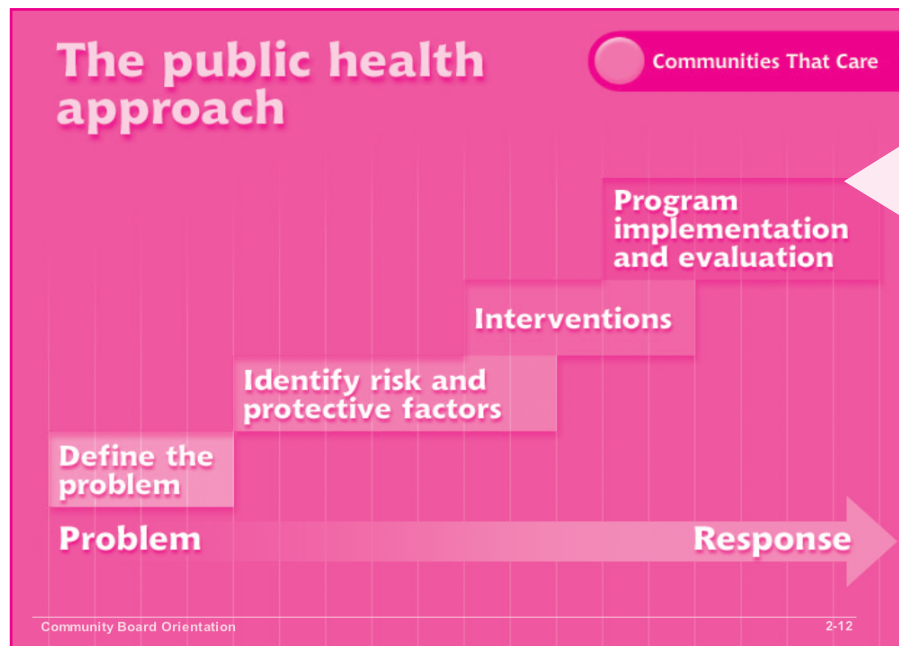
*The second research foundation of the Communities That Care system is the public health approach—a comprehensive, community-wide approach to public health problems. Heart disease, breast cancer and drunk driving have all been addressed by involving the entire community to promote awareness and behavior change.*

#### Mental Set

*How many of you have changed your eating habits in the last decade to a lower-fat diet? How many of you have quit smoking? How many of you exercise regularly? Why have so many people made these changes?*

*A public health approach to the prevention of heart disease was adopted about 25 years ago. We have seen this approach with grocery stores and restaurants offering “low-fat, heart-healthy” foods; with the increasing numbers of “smoke-free” restaurants, workplaces and buildings; with the increasing availability and popularity of gyms, jogging tracks and aerobics classes; and with school programs that include life skills topics that promote healthy lifestyles.*

*Our strategy in prevention science is rooted in this effective approach to public health issues. When we focus on the positive, healthy development of our children as the end we desire, we need to understand how problems develop—and how to prevent them from developing.*



Slide 2-12

Notes

## Objective 2: Describe the research foundation of the Communities That Care system.

Review the slide.

*The public health approach is a four-step strategy, designed to prevent health problems.*

*The first step is to define the problem. This guides the development of effective strategies.*

*The second step involves identifying the risk and protective factors related to the problem. In the case of heart disease, for example, research identified things such as smoking and diets high in fat as predictors of heart disease. Meanwhile, other research identified exercise as a protective factor—an element that buffered the effects of risk factors.*

*In the third step, interventions address those predictors. The aim of such interventions is to reduce risk factors while enhancing protective factors.*

*The fourth step, implementation and evaluation, is an important part of the public health approach. It's critical to ensure that programs are being implemented as designed—and that they are achieving the desired results.*



Slide 2-13

# Notes

### The public health approach

Communities That Care

- Based on research on predictors of health problems
- Modifies predictors to prevent behavior problems
- Can affect the entire social environment
- Works through collaboration
- Can create long-lasting results

Community Board Orientation

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**Objective 2: Describe the research foundation of the *Communities That Care* system.**

Review the slide.

*These are the aspects that make the public health approach successful.*



## Communities That Care



Slide 2-14

*Most of you asked about things you know are “risk factors” for heart disease. Why are these risk factors important to assess? Because they help determine the likelihood of the patient’s having, or developing, heart disease.*



Slide 2-15

# Notes

## Predictors of problem behaviors and positive youth outcomes

Communities That Care

### Risk factors

Research has identified *risk factors* in four domains:

Risk factors are predictive of higher levels of adolescent substance abuse, delinquency, teen pregnancy, school drop-out and violence.



Community Board Orientation

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### Objective 2: Describe the research foundation of the *Communities That Care* system.

Review the slide.

*A risk factor is a condition that increases the likelihood of something happening. Just as there are risk factors for heart disease, researchers have identified risk factors for adolescent problem behaviors, like alcohol and other drug use, delinquency, dropping out of school, teen pregnancy and violence. Knowing the risk factors for heart disease lets doctors develop interventions that target risk-factor reduction rather than waiting to treat a heart attack. Similarly, knowing the risk factors for adolescent problem behaviors helps us target and reduce those risk factors in children's lives before children become involved with drug use or crime, drop out of school or become pregnant.*

*Dr. Hawkins and Dr. Catalano reviewed over 30 years of research and identified 20 risk factors. (The list is dynamic—risk factors are added as new research emerges.)*

*Keep in mind that the risk factors we'll be looking at are predictive, not prescriptive. Does anyone know someone who has smoked a pack of cigarettes every day, has had bacon and eggs for breakfast and has never exercised, but is healthy as an ox at 85? Just as with the risk factors for heart disease, being exposed to risk factors does not doom a child to problem behaviors. It just increases his or her likelihood of developing problems in adolescence.*

## Communities That Care

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Slide 2-16

## Community Board Orientation

2-16



2—23

# Notes



Risk factors have been identified from before birth (e.g., family history of the problem behavior or constitutional factors) through adolescence (e.g., friends who engage in the problem behavior or favorable attitudes toward the problem behavior).



Although different groups may have greater exposure to a given risk factor, the risk factors have similar effects regardless of race. For example, children of color are more likely to be exposed to economic deprivation, but the effects of poverty as a risk factor are the same, regardless of race.



They can be measured and tracked through validated survey/archival data.



Protective factors serve as a buffer, or shield, to protect children from the effects of exposure to risk.

Community risk factors	Adolescent problem behaviors				
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Availability of Drugs	✓				✓
Availability of Firearms		✓			✓
Community Laws and Norms Favorable toward Drug Use, Firearms and Crime	✓	✓			✓
Media Portrayals of Violence					✓
Transitions and Mobility	✓	✓		✓	
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓
Extreme Economic Deprivation	✓	✓	✓	✓	✓

Community Board Orientation

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Slide 2-17

Notes

## Objective 2: Describe the research foundation of the Communities That Care system.

Review the slide.

First, let me tell you how these charts are laid out.

We have divided the risk factors into four domains of influence in children's lives: community, family, school, and peer and individual. This first chart shows the community risk factors.

Across the top of each chart are the five problem behaviors addressed in Hawkins' and Catalano's research.

In the left column are the risk factors for the domain.



A check mark means that the risk factor has been shown to be predictive of the corresponding problem behavior.

Review the risk factors.

### Availability of drugs

The more available alcohol and other drugs are in a community, the higher the risk for alcohol and other drug use and violence.

### Availability of firearms

Given the lethality of firearms, the greater likelihood of conflict escalating into homicide when guns are present, and the strong association between availability of guns and homicide rates, firearm availability is a risk factor.

# Notes

### **Community laws and norms favorable toward drug use, firearms and crime**

*When laws, tax rates and community standards are favorable toward alcohol and other drug use, violence or crime—or even when they are just unclear, young people are at higher risk.*

### **Media portrayals of violence**

*Research has shown a clear correlation between media portrayal of violence and the development of aggressive and violent behavior.*

### **Transitions and mobility**

*When children move from elementary school to middle school, or from middle school to high school, significant increases in drug use, dropping out of school and antisocial behavior may occur. Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems.*

### **Low neighborhood attachment and community disorganization**

*Higher rates of drug problems, delinquency, violence and drug trafficking occur where people have little attachment to the community. Vandalism rates are high when there is low surveillance of public places. Neighborhood disorganization makes it more difficult for schools, churches and families to promote positive social values and norms.*

### **Extreme economic deprivation**

*Children who live in deteriorating neighborhoods characterized by extreme poverty, poor living conditions and high unemployment are more likely to develop problems with alcohol and other drug use, delinquency, teen pregnancy and dropping out of school, or to engage in violence toward others during adolescence and adulthood.*

Take any questions. (There is more background information for each community risk factor, and the problem behaviors it may predict, on the following pages. Tell participants that they also have background information on risk factors in Appendix 2 of their guides.)

*Do you see any community risk factors that you think affect the children in your community?*



## Community Risk Factors: Background Information

### Availability of drugs (substance abuse, violence)

The more available alcohol and other drugs are in a community, the higher the risk for alcohol and other drug use and violence. Perceived availability of drugs is also associated with increased risk. In schools where children think that drugs are more available, a higher rate of drug use occurs (Johnston, O'Malley & Bachman, 1985).

### Availability of firearms (delinquency, violence)

Firearm availability and firearm homicide have increased since the late 1950s. If there is a gun in the home, it is much more likely to be used against a relative or friend than against an intruder or stranger. Also, when a firearm is used in a crime or assault, the outcome is much more likely to be fatal than if another weapon or no weapon is used.

While a few studies report no association between firearm availability and violence, more studies do show a relationship. Given the lethality of firearms, the greater likelihood of conflict escalating into homicide when guns are present, and the strong association between availability of guns and homicide rates, firearm availability is included as a risk factor (Reiss & Roth, 1993).

### Community laws and norms favorable toward drug use, firearms and crime (substance abuse, delinquency, violence)

The attitudes and policies a community holds in relation to drug use, firearms and crime are communicated in a variety of ways: through laws and written policies, through informal social practices, and through the expectations parents and other members of the community have of young people. When laws, tax rates and community standards are favorable toward alcohol and other drug use, firearms or crime—or even when they are just unclear—young people are at higher risk (Sampson, 1986; Holder & Blose, 1987; Brook et al., 1990).

One example of a community law affecting drug use is alcohol taxation, where higher tax rates decrease the rate of alcohol use (Saffer & Grossman, 1987; Hawkins, Arthur & Catalano, 1995).

An example of conflicting messages about alcohol and other drug use can be found in community acceptance of alcohol use as a social activity. The beer gardens popular at street fairs and community festivals frequented by young people are in contrast to the “say no” messages that schools and parents may be promoting. This makes it difficult for children to decide which norms to follow.

Laws regulating the sale of firearms have had small effects on violent crime, and the effects usually diminish after the law has been in effect for multiple years. A number of studies suggest that the small and diminishing effect is due to two factors—the availability of firearms from other jurisdictions without legal prohibitions on sales or access, and lack of proactive monitoring or enforcement of the laws (Reiss & Roth, 1993).

# Notes

# Notes

### **Media portrayals of violence (violence)**

The effect of media violence on viewers' behavior (especially young viewers) has been debated for decades. Research has shown a clear correlation between media portrayal of violence and the development of aggressive and violent behavior. Exposure to media violence appears to affect children in several ways: children learn violent behaviors from watching actors act violently; they learn violent problem-solving strategies; and media portrayals of violence appear to alter children's attitudes and sensitivity to violence (Eron & Huesmann, 1987; Huesmann & Miller, 1994).

### **Transitions and mobility (substance abuse, delinquency, school drop-out)**

Even normal school transitions can predict increases in problem behaviors. When children move from elementary school to middle school, or from middle school to high school, significant increases in drug use, dropping out of school and antisocial behavior may occur (Hawkins & Catalano, 1996).

Communities with high rates of mobility appear to be linked to an increased risk of drug and crime problems. The more people in a community who move, the greater the risk of criminal behavior and drug-related problems in families in these communities (Sampson, 1986; Sampson & Lauritsen, 1994).

### **Low neighborhood attachment and community disorganization (substance abuse, delinquency, violence)**

Higher rates of drug problems, delinquency, violence and drug trafficking occur where people have little attachment to the community. Vandalism rates are high when there is low surveillance of public places. These conditions are not limited to low-income neighborhoods—they can also be found in more well-to-do neighborhoods.

Perhaps the most significant issue affecting community attachment is whether residents feel they can make a difference in their communities. If the key players (such as merchants, teachers, police, and human and social services personnel) live outside the community, residents' sense of commitment will be lower. Lower rates of voter turnout and parent involvement in school also reflect attitudes about community attachment. Neighborhood disorganization makes it more difficult for schools, churches and families to promote positive social values and norms (Sampson, 1986, 1997; Sampson & Lauritsen, 1994; Herting & Guest, 1985; Gottfredson, 2001).

### **Extreme economic deprivation (substance abuse, delinquency, teen pregnancy, school drop-out, violence)**

Children who live in deteriorating neighborhoods characterized by extreme poverty, poor living conditions and high unemployment are more likely to develop problems with alcohol and other drug use, delinquency, teen pregnancy and dropping out of school. They are more likely to engage in violence toward others during adolescence and adulthood. Further, children who live in these areas **and** have behavior or adjustment problems early in life are even more likely to develop problems with drugs (Sampson, 1986; Sampson & Lauritsen, 1994; Farrington, 1989; Robins & Ratcliff, 1979; Elliot et al., 1989).

## Family risk factors

Communities That Care

### Adolescent problem behaviors

	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Family History of the Problem Behavior	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓

Community Board Orientation

2-18



Slide 2-18

# Notes

## Objective 2: Describe the research foundation of the Communities That Care system.

The family domain comes next, since the family is the first place in a child's development where risks become apparent.

Review the risk factors.

### Family history of the problem behavior

When parents have histories of alcohol or other drug addictions, criminal behavior, teenage pregnancy or dropping out of school, their children face an increased risk of similar behavioral problems.

### Family management problems

These include a lack of clear expectations for behavior; failure of parents to supervise and monitor their children; and excessively severe, harsh or inconsistent punishment.

### Family conflict

Conflict between family members appears to increase children's risk for all five problem behaviors—and it appears to be more important than family structure (e.g., whether the family is headed by two biological parents, a single parent or another primary caregiver).

### Favorable parental attitudes and involvement in the problem behavior

Parents who approve of, encourage or participate in problem behaviors increase their children's risk for these behaviors.

Are there any questions about these risk factors?

Take any questions. (There is more background information for each family risk factor, and the problem behaviors it may predict, on the following page. Tell participants that they also have background information on risk factors in Appendix 2 of their guides.)

Do you see family risk factors that are affecting children in your community?

# Notes

### Family Risk Factors: Background Information

#### **Family history of the problem behavior (substance abuse, delinquency, teen pregnancy, school drop-out, violence)**

In a family with a history of addiction to alcohol or other drugs, children are at increased risk of developing alcohol or other drug problems themselves (Cloninger et al., 1985; Johnson et al., 1984; Brook et al., 1990). In families with a history of criminal behavior, children's risk for delinquency increases (Farrington, 1989). Similarly, children of teenage mothers are more likely to be teen parents, and children of drop-outs are more likely to drop out of school themselves.

#### **Family management problems (substance abuse, delinquency, teen pregnancy, school drop-out, violence)**

Poor family management practices include a lack of clear expectations for behavior; failure of parents to supervise and monitor their children (knowing where they are and who they're with); and excessively severe, harsh or inconsistent punishment. Children exposed to these poor family management practices are at higher risk of developing all five problem behaviors (Kandel & Andrews, 1987; Brook et al., 1990; Farrington, 1989; Sampson, 1986; Hawkins, Arthur & Catalano, 1995).

#### **Family conflict (substance abuse, delinquency, teen pregnancy, school drop-out, violence)**

Persistent, serious conflict between primary caregivers or between caregivers and children appears to increase children's risk for all five problem behaviors. Conflict between family members appears to be more important than family structure (e.g., whether the family is headed by two biological parents, a single parent or another primary caregiver) (Brook et al., 1990; Sampson, 1986).

#### **Favorable parental attitudes and involvement in the problem behavior (substance abuse, delinquency, violence)**

Parents' attitudes and behavior toward drugs, crime and violence influence the attitudes and behavior of their children. Children whose parents approve of or excuse them for breaking the law are more likely to become involved with juvenile delinquency. Children whose parents engage in violent behavior inside or outside the home are at greater risk for violent behavior.

If parents use illegal drugs, are heavy users of alcohol, or tolerate children's use, children are more likely to become drug users in adolescence. The risk is further increased if parents involve children in their own drug- or alcohol-using behavior—for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator. Parental approval of children's moderate drinking, even under supervision, increases the risk that the children will use marijuana and develop problems with alcohol and other drugs (Barnes & Welte, 1986; Brook et al., 1986; Johnson, Schontz & Locke, 1984; Kandel & Andrews, 1987).

## Communities That Care



Slide 2-19

2-19

# Notes

### School Risk Factors: Background Information

#### **Academic failure beginning in late elementary school (substance abuse, delinquency, teen pregnancy, school drop-out, violence)**

Beginning in the late elementary grades, academic failure increases the risk of all five problem behaviors. It appears that the *experience* of failure, not any lack of ability, increases the risk of these problem behaviors (Najaka, Gottfredson & Wilson, 2001; Maguin & Loeber, 1996; Farrington, 1989; Gottfredson, 2001).

#### **Lack of commitment to school (substance abuse, delinquency, teen pregnancy, school drop-out, violence)**

Lack of commitment to school means the child no longer sees the role of student as meaningful and rewarding. Young people who have lost this commitment to school are at higher risk for all five problem behaviors (Najaka et al., 2001; Gottfredson, 2001; Jessor & Jessor, 1977).



Slide 2-20

**Objective 2: Describe the research foundation of the *Communities That Care* system.**

*Risk factors in the peer and individual domain become significant as children move toward adolescence.*

Review the risk factors.

### **Early and persistent antisocial behavior**

*Boys who are aggressive in grades K-3 or who have trouble controlling impulses are at higher risk for alcohol and other drug use, delinquency and violent behavior. This risk factor also includes persistent antisocial behavior in early adolescence, such as misbehaving in school, skipping school and getting into fights with other children, which increases risk for all five problem behaviors.*

## Rebelliousness

*Young people who do not feel that they are part of society or bound by rules, who don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk for drug use, delinquency and dropping out of school.*

### ***Friends who engage in the problem behavior***

*Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who engage in problem behaviors greatly increases their risk of developing those behaviors.*

### **Gang involvement**

*Research has shown that children who have delinquent friends are more likely to use alcohol or other drugs and to engage in delinquent or violent behavior than children who do not have delinquent friends. Gang members, however, are even more likely to exhibit these problem behaviors.*



# Notes

### **Favorable attitudes toward the problem behavior**

*During the elementary years, children usually express anti-drug, anti-crime and prosocial views. In middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance, placing them at higher risk.*

### **Early initiation of the problem behavior**

*The earlier that young people use drugs, commit crimes, first drop out of school or become sexually active, the greater their chances of having chronic problems with the respective behavior.*

### **Constitutional factors**

*These factors include sensation-seeking, low harm-avoidance and lack of impulse control, and appear to increase the risk of drug use, delinquency and/or violent behavior.*

*Are there any questions about these risk factors?*

Take any questions. (There is background information for each individual/peer risk factor, and the problem behaviors it may predict, on the following page. Tell participants that they also have background information on risk factors in Appendix 2 of their guides.)

### **Check for understanding.**

Have the group review the risk factor slides and select at least one risk factor over which they have some influence, either in their professional or personal life. Then ask them to share the one they selected with a partner.

Explain that they will learn more later about how risk factors are used in the *Communities That Care* system.

## Peer and Individual Risk Factors: Background Information

### **Early and persistent antisocial behavior (substance abuse, delinquency, teen pregnancy, school drop-out, violence)**

Boys who are aggressive in grades K-3 or who have trouble controlling impulses are at higher risk for alcohol and other drug use, delinquency and violent behavior. When a boy's aggressive behavior in the early grades is combined with isolation, withdrawal, hyperactivity or attention deficit disorder, there is an even greater risk of problems in adolescence.

This risk factor also includes persistent antisocial behavior in early adolescence, such as misbehaving in school, skipping school and getting into fights with other children. Both girls and boys who engage in these behaviors in early adolescence are at increased risk for all five problem behaviors (Farrington, 1989; Moffitt, 1993; Hawkins et al., 1998; Lipsey & Derzon, 1998; Loeber & Stouthamer-Loeber, 1998; Robins, 1978; Gottfredson, 2001).

### **Rebelliousness (substance abuse, delinquency, school drop-out)**

Young people who do not feel that they are part of society or bound by rules, who don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk for drug use, delinquency and dropping out of school (Jessor & Jessor, 1977; Kandel, 1982; Bachman et al., 1981; Shedler & Block, 1990; Robins, 1980).

### **Friends who engage in the problem behavior (substance abuse, delinquency, teen pregnancy, school drop-out, violence)**

This is one of the most consistent predictors that research has identified. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who engage in problem behaviors greatly increases their risk of developing those behaviors (Newcomb & Bentler, 1986; Brook et al., 1990; Kandel & Andrews, 1987; Hansen et al., 1987).

### **Gang involvement (substance abuse, delinquency, violence)**

Research has shown that children who have delinquent friends are more likely to use alcohol and other drugs and to engage in violent or delinquent behavior than children who do not have delinquent friends. But the influence of gang involvement on alcohol and other drug use, delinquency and violence exceeds the influence of delinquent friends on these problem behaviors. Gang members are even more likely than children who have delinquent friends to use alcohol or other drugs and to engage in delinquent or violent behavior (Thornberry, 1999; Battin-Pearson, Thornberry, Hawkins & Krohn, 1998; Battin, Hill, Abbot, Catalano & Hawkins, 1998).

# Notes

# Notes

### **Favorable attitudes toward the problem behavior (substance abuse, delinquency, teen pregnancy, school drop-out)**

During the elementary years, children usually express anti-drug, anti-crime and prosocial views; they have trouble imagining why people use drugs, commit crimes and drop out of school. In middle school, as others they know participate in such activities, their attitudes often shift toward greater acceptance, placing them at higher risk (Kandel et al., 1978; Krohn & Judd, 1982; Gottfredson, 2001).

### **Early initiation of the problem behavior (substance abuse, delinquency, teen pregnancy, school drop-out, violence)**

The earlier that young people use drugs, commit crimes, first drop out of school or become sexually active, the greater their chances of having chronic problems with the respective behavior. Aggressive behavior at ages 4-8 predicts later violent behavior (Nagin & Tremblay, 1999), and truancy in the elementary grades predicts school drop-out. For example, research shows that young people who start drug use before age 15 have twice the risk of drug problems than those who start after age 19 (Robins, 1978; Rachal et al., 1982; Kandel, 1982; Gottfredson, 2001).

### **Constitutional factors (substance abuse, delinquency, violence)**

Constitutional factors may have a biological or physiological basis. These factors include sensation-seeking, low harm-avoidance and lack of impulse control, and appear to increase the risk of drug use, delinquency and/or violent behavior (Lerner & Vicary, 1984; Shedler & Block, 1990; Farrington, 1989; Gottfredson, 2001).

## Predictors of problem behaviors and positive youth outcomes

Communities That Care

### Protective factors

Research has identified *protective factors* in four domains:

Protective factors buffer young people's exposure to risk.



Community Board Orientation

2-21



Slide 2-21

# Notes

### Objective 2: Describe the research foundation of the *Communities That Care* system.

Review the slide.

*The other side of the research-based predictors coin is protective factors.*

*Protective factors operate by shielding or buffering children from exposure to risk. That means that even when we can't reduce all of the risks in young people's lives, we can help protect them from the effects of that risk exposure by building this protective shield.*



Slide 2-22

# Notes

## Protective factors

Communities That Care

- Research-based
- Present in all areas of influence
- Measurable
- Predictive of positive youth development
- Present throughout development
- Buffer effects of risk exposure

Community Board Orientation

2-22

### Objective 2: Describe the research foundation of the *Communities That Care* system.

Review each item as you click it onto the screen.



They are based on research on what was different about young people who successfully navigated high-risk exposure (impoverished inner-city environments, etc.).



Protective factors are found in families, communities, schools, peer groups and individuals.



They can be measured and tracked through validated survey data.



They've been identified by multiple longitudinal studies.



They exist from before birth through adolescence.



They mediate or moderate effects of exposure to risk factors.

## Protective factors

- Individual factors
  - High intelligence
  - Resilient temperament
  - Prosocial orientation
  - Competencies and skills
- Prosocial opportunities
- Reinforcement for prosocial involvement
- Bonding
- Healthy beliefs and clear standards

Community Board Orientation

2-23

Communities That Care



Slide 2-23

# Notes

### Objective 2: Describe the research foundation of the *Communities That Care* system.

Review the slide.

*These are the same factors that Dr. Hawkins and Dr. Catalano built into the Social Development Strategy. The Social Development Strategy shows how the protective factors work together.*



Slide 2-24

# Notes



### Objective 2: Describe the research foundation of the *Communities That Care* system.

*The Social Development Strategy has organized what we have learned about research on protective factors into a strategy for action. You've already learned these protective factors, and you know how they work together in the Social Development Strategy.*

#### Check for understanding.

*Raise your hand if you can tell me what three individual characteristics can serve as protective factors for children and youth.*

The answer is high intelligence, resilient temperament and prosocial orientation.

*Turn to your partner and give an example of a social, emotional, cognitive or behavioral skill that a teenager might need to be successful on the Communities That Care Community Board.*

Possible answers include communication skills, how to introduce themselves to adults, Robert's Rules of Order, public speaking skills, assertiveness skills, problem-solving skills and negotiation skills.

Remind participants that protective factors are important for adults as well as children. Ask participants to list the ways they would like to be recognized for their work on the Community Board and then share one item with the table group.



## Frameworks for community action

Communities That Care

### The Search Institute's framework:

- assesses external and internal assets
- promotes positive youth development by enhancing assets.

### The *Communities That Care* framework:

- uses the Social Development Strategy
- assesses risk and protective factors
- matches risk and protection profiles with tested, effective programs
- promotes positive youth development by reducing risk and enhancing protection.



Community Board Orientation

2-24A



Slide 2-24A

# Notes

## Objective 2: Describe the research foundation of the *Communities That Care* system.

**NOTE:** This material is optional. Do not review this material if the community is using the Assets approach in conjunction with the *Communities That Care* system.

*People sometimes wonder if it's necessary to address both risk and protective factors. Why can't we focus just on risk? Or just on protection, or just on the assets and strengths of our children?*

Briefly review each section as you click it onto the screen.



The Search Institute offers a research-based framework of 40 “developmental assets”—factors that promote positive youth development—as a starting point for community action. The 40 assets are organized into four categories of external assets and four categories of internal assets. The Search Institute encourages communities to work on strengthening these assets to ensure positive youth development.



The *Communities That Care* system takes community action much further. In addition to helping communities assess and strengthen protection, the *Communities That Care* system uses the Social Development Strategy to explain how protective factors work together to promote positive youth development. But protection isn't the only factor that influences positive youth development. That's why the *Communities That Care* system helps communities assess and reduce risk. This is a key element of an effective prevention approach. Moreover, the *Communities That Care* system helps communities use their unique profiles of risk and protection to select tested, effective programs to promote positive youth development.

*An initiative for positive, community-wide change that focuses only on protection lacks the completeness of an approach that seeks to increase protection while simultaneously reducing risk. We'll spend the next few minutes taking a look at how risk and protective factors interact to influence positive youth development.*

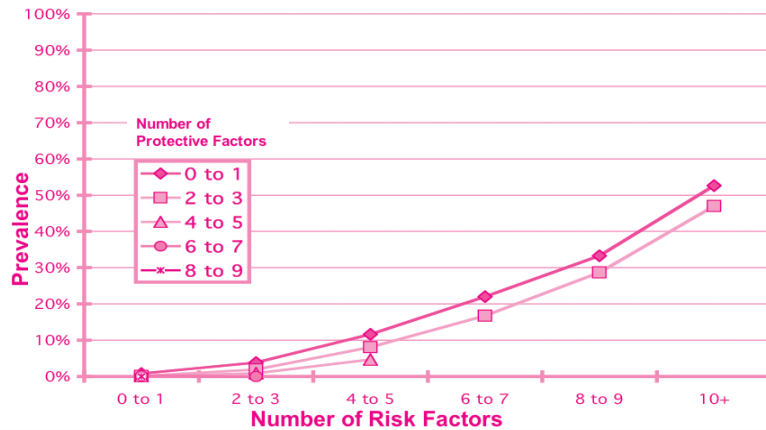


Slide 2-25

# Notes

## Association of risk- and protective-factor levels with marijuana use (past 30 days)

Communities That Care



### Objective 2: Describe the research foundation of the Communities That Care system.

Research has clearly demonstrated that the best way to promote positive development and significantly impact problem behaviors is to focus on both risk and protection.

The graphs we'll be looking at show why.

This first graph shows the association of risk and protective factors with the prevalence of marijuana use in the past 30 days. (Use in the past 30 days is a good indicator of the number of youth who currently use marijuana.) On the y-axis we see the prevalence of marijuana use. On the x-axis we see five levels of risk. For now, just look at the slope of the lines—ignore the different colored lines.

Trace the slope of the blue line across the graph.

You can see that, when children are exposed to few risk factors, their prevalence of marijuana use is close to 0%. As they are exposed to more risk factors, marijuana use increases. At the highest levels of risk exposure, more than 50% of children are using marijuana.

So, the first thing we notice is: The more risk factors to which children are exposed, the greater the use of marijuana.

Now, let's look at the impact of protective factors.

The different levels of protection are indicated by the different colored lines, with blue showing the least protection and black showing the most.

Point to the blue and green lines at 10 or more risk factors.

*Here we can see that the children exposed to the greatest number of risk factors are also those who are exposed to the fewest number of protective factors. Not surprisingly, we find the highest prevalence rates of marijuana use among these children.*

Point to the turquoise line at 4 to 5 risk factors.

*In contrast, when a moderate number of risk factors—4 to 5—are buffered by an equal number of protective factors, prevalence is limited to around 5%. But at this point the line of 4 to 5 protective factors ends. That's because each point on these lines represents 100 or more students from the sample. When fewer than 100 students were found for a particular level of risk and protection, a point was not included on the graph.*

*This graph shows that, unfortunately, the number of protective factors children experience tends to decrease as their exposure to risk increases. It is difficult to develop high levels of protection in high-risk environments.*

Point to the black X at 0 to 1 risk factors.

*In fact, this line representing children exposed to the most protective factors doesn't extend beyond the lowest level of risk. That means that, from a sample of over 60,000 children, this study found fewer than 100 children at each level between 2 to 3 and 10 or more risk factors who were also exposed to the highest levels of protection.*

# Notes

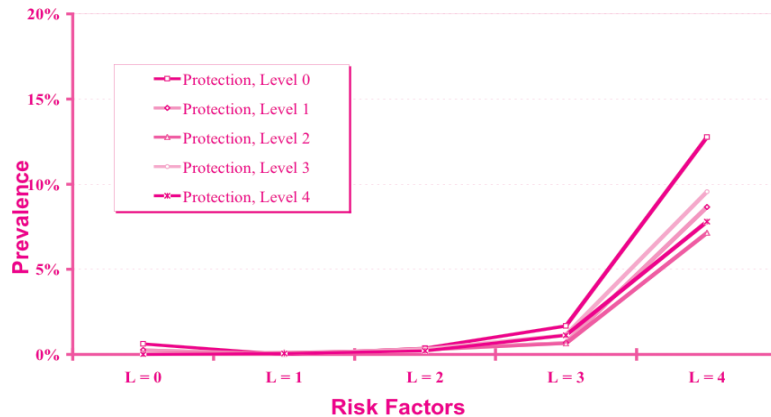


Slide 2-26

# Notes

## Association of risk- and protective-factor levels with taking a gun to school (past year)

Communities That Care



Community Board Orientation

2-26

### Objective 2: Describe the research foundation of the Communities That Care system.

*A similar relationship holds true for other problem behaviors.*

*This graph shows the association of risk and protective factors with the prevalence of taking a gun to school in the past year.*

Trace the slope of the black line marked with squares across the graph.

*As with marijuana use, the prevalence of the behavior increases as children are exposed to more risk factors. At the highest levels of risk exposure, close to 15% of the children in this study are taking a gun to school.*

*As we saw with the last graph, few children in high-risk environments experience high levels of protection. But now let's take a look at what happens when these high-risk children do experience high levels of protection.*

Point to the black square at risk level 4.

*At the highest level of risk, those students exposed to the least amount of protection are more likely to take a gun to school. The prevalence for students exposed to the most risk and the least protection approaches 15%.*

Point to the other lines at risk level 4.

*Higher levels of protection, however, buffer the effects of risk. At these higher levels of protection, the prevalence of taking a gun to school is held below 10%—despite the children's exposure to a high level of risk.*

*Ideally, we need to reduce overall levels of risk in the community, while simultaneously increasing protection.*

Point to the black X at risk level 0.

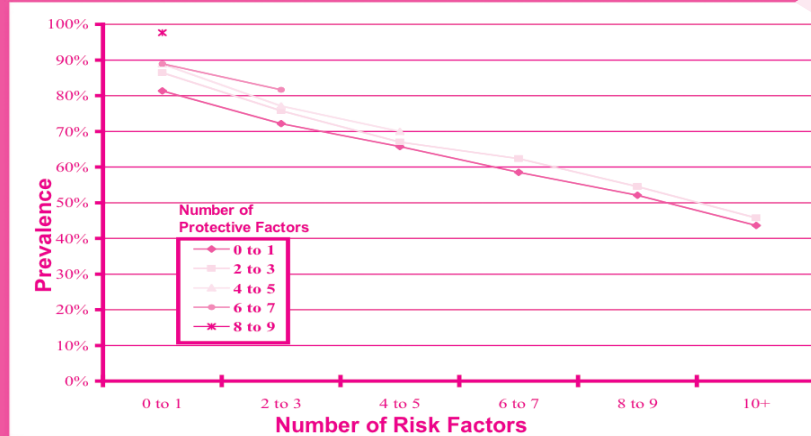
*If we focus on risk and protection, we can reduce the prevalence of children taking guns to school!*



Slide 2-27

## Association of risk- and protective-factor levels with academic success (past year)

Communities That Care



Community Board Orientation

2-27

### Objective 2: Describe the research foundation of the Communities That Care system.

The combined effects of risk exposure and low protection are also seen in the relationship between risk factors, protective factors and positive outcomes.

This graph shows the correlation of risk and protective factors with academic success, meaning students who got As or Bs.

As you can see, the fewer risk factors children are exposed to, the greater the prevalence of academic success. Exposure to risk gets in the way of positive outcomes, such as doing well in school.

Point to the black X at 0 to 1 risk factors.

For students at the lowest risk with the greatest amount of protection, about 98% got Bs or better in school.

We need to reduce risk exposure and enhance protective factors if we want our children to succeed in school and life—and avoid problems like drug use and violence.

Notes



Slide 2-28

# Notes

### What research has shown about risk and protective factors

Communities That Care

- Risk and protective factors exist in all areas of children's lives.
- The more risk factors present, the greater the chances of problem behavior.
- Risk and protective factors can be present throughout development.
- Risk factors are buffered by protective factors.

Community Board Orientation

2-28

### Objective 2: Describe the research foundation of the *Communities That Care* system.

Review each item as you click it onto the screen.



*Efforts should focus on reducing risk and enhancing protection in all of these domains of socialization: the community, families, schools and within the individual and his or her peer group.*



*Exposure to a greater number of risk factors dramatically increases a young person's risk of involvement in problem behaviors. For programs and services to have the greatest impact, they must reach those young people exposed to the greatest number of risk factors and fewest protective factors.*



*They can be present from before birth through adolescence. Different risk factors first become noticeable at different points during development.*



*Enhancing protective factors helps communities promote positive youth development, even in the face of risk.*

## Communities That Care

- 

Slide 2-29

2-29







Slide 2-30

# Notes

### Prevention-science research base

Communities That Care

- The Social Development Strategy
- The public health approach
- Research-based predictors of problem behaviors and positive youth outcomes—risk and protective factors
- Tested, effective prevention strategies

Community Board Orientation

2-30

#### **Objective 2: Describe the research foundation of the *Communities That Care* system.**

*The final piece of the prevention science research base is tested, effective prevention strategies. With the growing concern for ensuring effectiveness, prevention strategies have been increasingly subjected to rigorous evaluations.*

## Tested, effective prevention strategies

*Programs, policies or practices that have demonstrated effectiveness in:*

- Reducing specific risk factors and enhancing protective factors
- Enhancing positive behaviors and reducing negative behaviors

Community Board Orientation

2-31



Slide 2-31

# Notes

### Objective 2: Describe the research foundation of the Communities That Care system.

Review the slide.

*Tested, effective prevention strategies have been proven effective in well-controlled studies using experimental or quasi-experimental designs. Experimental and quasi-experimental designs are strong evaluation methods that allow researchers to examine the effects that programs, policies or practices have on participants.*

*Studies of the prevention strategies we recommend compared schools, families, youths or communities that received the strategy with those that did not. Results showed that participants who received the strategy were much better off than those who did not. They experienced lower risk, greater protection and, in many longitudinal studies, they exhibited better behavioral outcomes.*



Slide 2-32

## Notes

### Effective prevention strategies

Communities That Care

- Project STAR
- Adolescent Alcohol Prevention Trial
- Preparing for the Drug-Free Years  
(Now called Families That Care: Guiding Good Choices)
- Adolescents Training and Learning to Avoid Steroids:  
The ATLAS Program
- Project Family
- Strengthening Families Program
- Focus on Families
- Reconnecting Youth
- Adolescent Transitions Program

(National Institute on Drug Abuse, 1997)

Community Board Orientation

2-32

### Objective 2: Describe the research foundation of the **Communities That Care** system.

*State and national agencies have become increasingly interested in, and committed to, strategies that have been rigorously tested for effectiveness. One such agency is the National Institute on Drug Abuse (NIDA). These are some strategies that NIDA identified as meeting its criteria for tested, effective programs.*

*The availability of tested, effective prevention strategies is a major step forward in the field of prevention science.*

*In 1980, virtually no tested, effective prevention programs were available. Drug abuse prevention efforts were focused on drug information classes for students. When tested in rigorous trials, however, this approach was found to be ineffective.*

*The major breakthrough in the past two decades has been the development and testing of prevention programs that actually work to produce the desired behavior outcomes of less drug use, less violence, less risky sexual behavior and less school failure.*

*No longer do we have to guess what might make a difference in helping our kids grow up healthier. There is now a menu of tested strategies that have been shown to be effective in producing the positive outcomes we want for our children.*

Review the slide.



Slide 2-33

## Communities That Care

### Prevention Strategies:

### A Research Guide to What Works

Community Board Orientation

2-33

# Notes

#### **Objective 2: Describe the research foundation of the Communities That Care system.**

*The Communities That Care process includes a guide to tested, effective programs, policies and practices, called Communities That Care Prevention Strategies: A Research Guide to What Works. The guide describes many programs, from prenatal programs to school curricula, family strengthening programs, community policing programs, and alcohol laws and policies. The guide will be a key tool for the Community Board in the Community Resources Assessment Training and the Community Planning Training.*



Slide 2-34

# Notes

## What works?

Communities That Care

1. Assessing community levels of risk and protection
2. Prioritizing elevated risks and depressed protective factors
3. Including individuals and groups exposed to the highest levels of risk and the lowest levels of protection

Community Board Orientation

2-34

### Objective 2: Describe the research foundation of the *Communities That Care* system.

*The prevention science research base provides the information you need to create a community operating system that helps ensure the healthy, positive development of your community's children and youth. We know what works!*

Review the slides.



Slide 2-35

## What works?

Communities That Care

4. Matching tested, effective programs to the community's risk and protection profile
5. Selecting tested, effective programs that address the racial, economic and cultural characteristics of the community
6. Implementing programs, policies and practices with fidelity at the appropriate ages

Community Board Orientation

2-35



Slide 2-36

# Different communities, different strategies

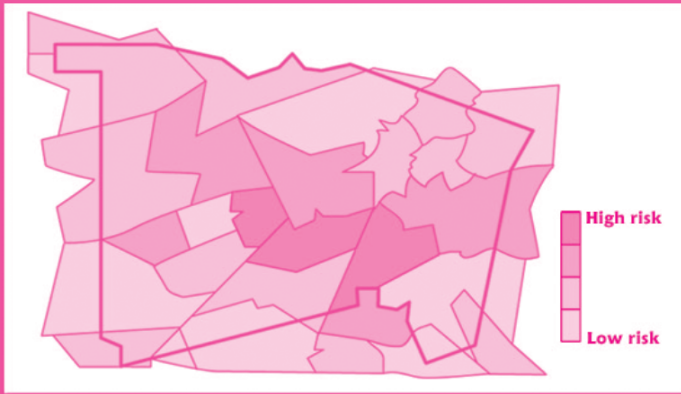
Communities That Care

High risk

Low risk

Community Board Orientation

2-36



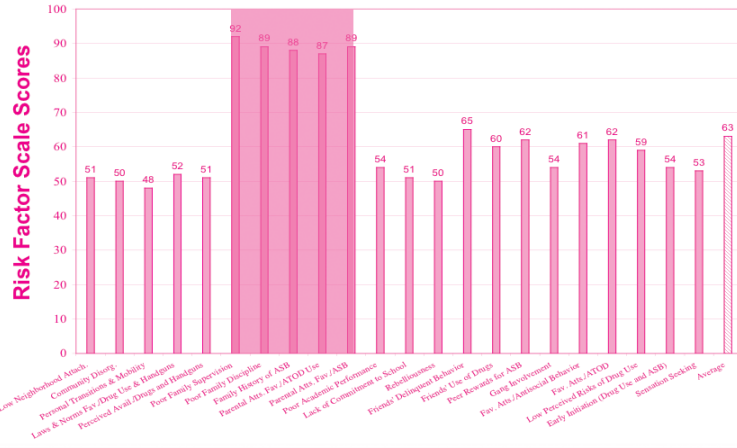


Slide 2-37

## Notes

### Risk profile: Neighborhood #1

Communities That Care



Community Board Orientation

2-37

### Objective 3: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

*This graph displays the levels of risk present in neighborhood #1. Scores above 50 represent elevated levels of risk.*

*You might notice that these labels don't match up exactly with the risk factors you learned about earlier. That's because these labels represent the 22 scales that the Communities That Care Youth Survey uses to measure risk factors.*

*As you can see, children and adolescents in this neighborhood are exposed to somewhat elevated levels of risk in the peer and individual domain. They have friends who engage in problem behaviors, and they initiate problem behaviors early in their own lives.*

*But this neighborhood's most elevated risk factors are in the family domain—and addressing these risk factors should be the neighborhood's top priority.*

*In particular, these adolescents report that their families are characterized by management problems, measured by the scales of poor family supervision and poor family discipline. Moreover, families in this neighborhood have histories of problem behaviors, and parents express favorable attitudes toward problem behaviors.*



Family domain		Communities That Care					
Risk factor addressed	Program strategy	Healthy beliefs/ clear standards	Bonding	Opportunities	Skills	Recognition	Developmental period
Family history of the problem behavior	Prenatal/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
Family management problems	Prenatal/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
	Early childhood education	✓	✓	✓	✓	✓	3-5
	Parent training	✓	✓	✓	✓	✓	Prenatal-14
	Family therapy	✓	✓	✓	✓	✓	6-14
Family conflict	Marital therapy	✓	✓	✓	✓	✓	Prenatal
	Prenatal/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
	Parent training	✓	✓	✓	✓	✓	Prenatal-14
	Family therapy	✓	✓	✓	✓	✓	6-14
Favorable parental attitudes and involvement in the problem behavior	Prenatal/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
	Parent training	✓	✓	✓	✓	✓	Prenatal-14
	Community/ school policies	✓	✓	✓	✓	✓	All

Community Board Orientation

2-38

Slide 2-38

Notes

### Objective 3: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

Note: The charts on slides 2-42 and 2-44 are based on the 2000 edition of *Communities That Care Prevention Strategies: A Research Guide to What Works*.

So, what strategies can address these risk factors?

*The prevention-strategies guide identifies several possibilities. Changing community and school policies has been proven effective in addressing favorable parental attitudes toward problem behaviors. Family therapy has been proven effective in addressing family management problems.*

*But research identifies prenatal and infancy programs as a tested, effective strategy to address **all** of this neighborhood's most elevated risk factors.*



Slide 2-39

# Notes

## Tested, effective prevention strategies:

### Prenatal and infancy programs

- Nurse-Family Partnership  
(Olds et al., 1986; Olds & Kitzman, 1993; Olds et al., 1998)
- Syracuse Family Development Research Program  
(Lally, Mangione & Honig, 1988)
- Infant Health and Development Program  
(Ramey, 1990; Ramey et al., 1992; Liaw et al., 1995)
- Keys to Caregiving videotape series  
(Barnard et al., 1988)



Communities That Care

Community Board Orientation

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### Objective 3: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

*Dr. David Olds' Nurse-Family Partnership™ is one example of a successful prenatal and infancy program.*

*In field trials of this program, trained nurses visited the homes of pregnant, low-income women. The visits continued through the first two years of the child's life. The nurses offered health education, parent education, job and education counseling, links to health and other services, and emotional support.*

*The results were impressive. Maternal smoking during pregnancy decreased by 25%, and rates of preterm deliveries and low-birth-weight babies dropped.*

*Child abuse and neglect decreased by 70%, and behavioral problems resulting from alcohol and other drug use by low-income, unmarried mothers decreased by 44%.*

*And what about the children's behavior? The infants whose mothers had received the visits continued to benefit as adolescents. They had 54% fewer arrests, 69% fewer convictions, 58% fewer sexual partners and 51% fewer days consuming alcohol by age 15.*

Family domain		Communities That Care					
Risk factor addressed	Program strategy	Healthy beliefs/ clear standards	Bonding	Opportunities	Skills	Recognition	Developmental period
Family history of the problem behavior	Prenatal/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
Family management problems	Prenatal/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
	Early childhood education	✓	✓	✓	✓	✓	3-5
	Parent training	✓	✓	✓	✓	✓	Prenatal-14
	Family therapy	✓	✓	✓	✓	✓	6-14
Family conflict	Marital therapy	✓	✓	✓	✓	✓	Prenatal
	Prenatal/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
	Parent training	✓	✓	✓	✓	✓	Prenatal-14
	Family therapy	✓	✓	✓	✓	✓	6-14
Favorable parental attitudes and involvement in the problem behavior	Prenatal/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
	Parent training	✓	✓	✓	✓	✓	Prenatal-14
	Community/school policies	✓	✓	✓	✓	✓	All

Community Board Orientation

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Notes

### Objective 3: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

*Prenatal programs can set a community's newest members on the right path toward positive development. But what about older children?*

*Parent training, for example, is a tested, effective strategy to address family risk factors. Parent training has been shown to promote positive youth development from before birth through age 14.*



Slide 2-41

# Notes

### Tested, effective prevention strategies:

Communities That Care

#### Parent training

- Families That Care: Guiding Good Choices  
(Catalano et al., 1998)
- Preparing for School Success  
(Hawkins et al., 1999)
- Iowa Strengthening Families Program  
(Spoth et al., 1998, 1999, 2001)

Community Board Orientation

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### Objective 3: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

Families That Care: Guiding Good Choices™, developed by Dr. Hawkins and Dr. Catalano, is an effective parent-training program.

The program's objectives are to:

- teach parents how to reduce critical risk factors that are especially influential as children approach adolescence
- empower parents to set a clear family position on alcohol and drug use by family members
- provide parents with skills to help their children refuse offers to use alcohol and other drugs
- increase family bonding by reducing conflict and by increasing children's involvement in positive family activities.

Families That Care: Guiding Good Choices™ focuses on the prevention of alcohol and other drug use. It provides ways for parents to define and communicate a family position on drug use, while at the same time providing the opportunity for children to be involved in developing the position. It also provides an opportunity for parents and children to learn and practice effective family management skills together.

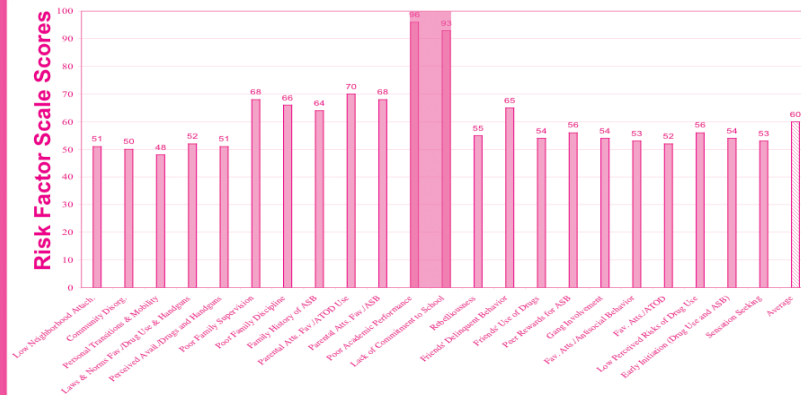
Tests of the program have shown significant and long-term positive effects. The program has been proven effective in helping parents of children ages 9 to 14 protect their children from substance use. Moreover, parents participating in the program were more likely than control parents to provide reinforcement to their children for prosocial behavior, to monitor their children's whereabouts and to have more family involvement with their children.



Slide 2-42

## Risk profile: Neighborhood #2

Communities That Care



Community Board Orientation

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### Objective 3: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

Now, let's look at neighborhood #2.

This neighborhood shares some of the same elevated family risk factors with neighborhood #1. Neighborhood #2 could also benefit from prenatal and infancy programs and parent training.

But there are other elevated risk factors present in this neighborhood—more than just prenatal and infancy programs and parent training can address. Academic failure beginning in late elementary school, measured by the scale of poor academic performance, is this neighborhood's most elevated risk factor. A significant proportion of the children in this neighborhood also report that they lack commitment to school.

Notes



Slide 2-43

## Notes

School domain		Communities That Care					Developmental period
Risk factor addressed	Program strategy	Healthy beliefs/ clear standards	Bonding	Opportunities	Skills	Recognition	
Academic failure beginning in late elementary school	Parent/infancy programs	✓	✓	✓	✓	✓	Prenatal-2
	Early childhood education	✓	✓	✓	✓	✓	3-5
	Parent training	✓	✓	✓	✓	✓	Prenatal-10
	Organizational change in schools	✓	✓	✓	✓	✓	6-18
	Classroom organization, management and instructional strategies	✓	✓	✓	✓	✓	6-18
	Classroom curricula for social competence	✓	✓	✓	✓	✓	6-14
	School behavior management strategies	✓		✓		✓	6-14
	Youth employment with education	✓	✓	✓	✓	✓	15-21

### Objective 3: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

*This chart shows strategies that have produced positive effects for academic failure. These strategies range across the developmental periods from before birth through age 21. Several of these strategies have also been shown to effectively address low school commitment.*

*Let's look at one strategy in depth: classroom curricula for social competence. The programs, policies and practices within this strategy focus on helping children develop the skills they need to behave in healthy and responsible ways.*

*Reconnecting Youth is one successful program in this category.*

## Tested, effective prevention strategies:

### Classroom curricula for social competence

- Reconnecting Youth  
(Eggert et al., 1994)
- Children of Divorce Intervention Program  
(Pedro-Carroll & Cowen, 1985; Pedro-Carroll et al., 1986, 1992)



Community Board Orientation

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# Notes

### Objective 3: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

*Reconnecting Youth is available to students in grades 9-12 who have poor academic records and are at risk for dropping out of school.*

*The program involves several components. Reconnecting Youth Class (also called Personal Growth Class), the program's core component, is designed to improve self-esteem and social skills. School bonding activities offer drug-free social opportunities. Parental involvement is maintained through progress reports, contact with teachers and support for activities. Finally, School Crisis Response planning focuses on suicide prevention.*

*Evaluations have identified increases in academic achievement, school bonding and self-esteem among program participants. Reconnecting Youth has also demonstrated effectiveness in curbing adolescents' drug use and association with antisocial peers.*



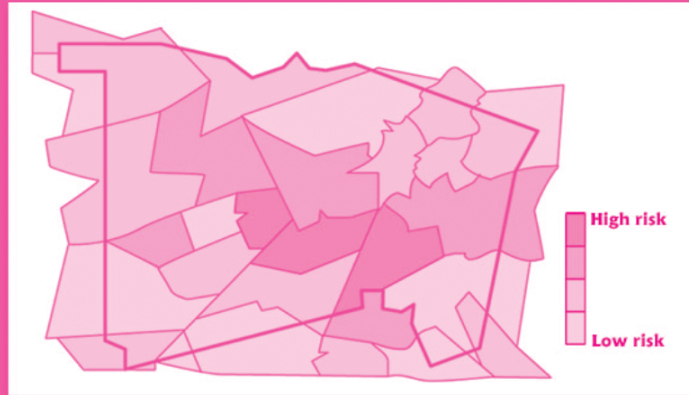


Slide 2-45

# Notes

### Different communities, different strategies

Communities That Care



Community Board Orientation

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### Objective 3: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

*So, even though both of these neighborhoods are “high risk,” would you choose the same strategies to reduce risk in each one?*

*Because of the different profiles, you would choose different strategies to address the different elevated factors for each neighborhood.*

*This example clearly shows that even when different communities—or even a number of areas within a community—are at high risk, the kinds of risks present in each might be very different. As a result, the most effective strategies for addressing problem behaviors are likely to be different.*

## What works?

1. Assessing community levels of risk and protection
2. Prioritizing elevated risks and depressed protective factors
3. Including individuals and groups exposed to the highest levels of risk and the lowest levels of protection

Community Board Orientation

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Communities That Care

Slide 2-46

# Notes

### Objective 3: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.

*We know a lot about what works from the prevention-science research base. We've seen that what works in one community will be different from what works in another, and that the Communities That Care framework helps communities identify their unique risk and protection profiles.*

Review the slides.

## What works?

4. Matching tested, effective programs to the community's risk and protection profile
5. Selecting tested, effective programs that address the racial, economic and cultural characteristics of the community
6. Implementing programs, policies and practices with fidelity at the appropriate ages

Community Board Orientation

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Communities That Care

Slide 2-47

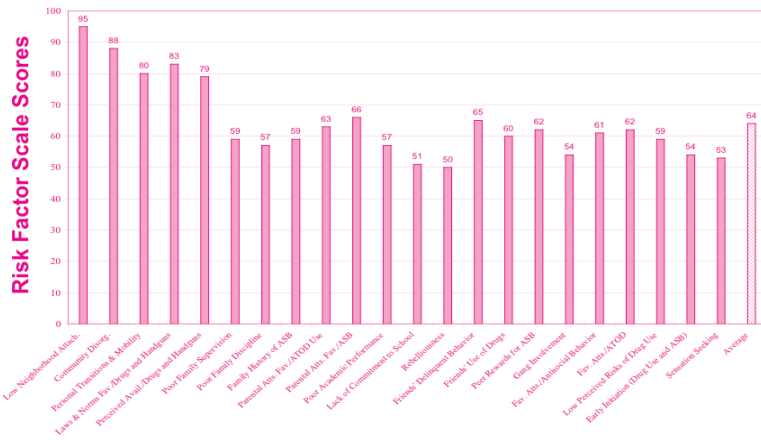


Slide 2-48

# Notes

## Risk profile: Neighborhood #3

Communities That Care



Community Board Orientation

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**Objective 3: Explain how the prevention-science research base helps build positive futures for youth and prevent problem behaviors.**

### Guided Practice

Let's take a look at a risk profile for a third neighborhood in the same city.

Ask participants to write their answer to each question at the bottom of their pages:

Which domain presents the greatest risk exposure?

What is this neighborhood's most elevated risk factor?

Ask if everyone wrote "community" for the first question and "low neighborhood attachment" for the second.

### Check for understanding.

Ask participants the following questions. Be sure everyone understands the answers.

What are two important things community assessment data on levels of risk and protection allow communities to do?

Answers should include: Focus resources on areas of the community where they'll do most good; select tested, effective prevention strategies that can make the most difference because they're matched to the community's own risk and protection profile.

What is the problem with a "cookie-cutter" or "one-size-fits-all" approach to implementing community prevention efforts?

A possible answer is: Every community will have its own unique risk and protection profile, and will need a prevention effort designed to address its areas of greatest risk and least protection.

Are there any questions about why a risk and protection assessment is important for each community?

Does everyone agree that a risk and protection assessment is an important step in implementing an effective prevention effort?

Take a 10-minute break before continuing.

## Implementing the Communities That Care system

Communities That Care



Community Board Orientation

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# Notes

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### Objective 4: Explain how the Communities That Care operating system works.

#### Mental Set

Raise your hand if you use a computer. What operating system does it use?

Regardless of the operating system your computer uses, let's talk about what that system does. Can you write a letter with it? Develop a presentation?

Make a spreadsheet? Play games?

No. The only way you can do those things is to have programs that are designed for word processing, presentations, spreadsheets or games. The computer's operating system helps the computer's hardware and software work together to allow you to use the programs you install—to help you meet your needs. How many of you use a word processing program? How many of you use a statistical analysis program? How many use a calendar or contact management program? Why don't all of us use the same programs, even though we use the same operating system? We use different programs because we all have different needs.

We have chosen "operating system" to describe the Communities That Care system because it functions much like a computer's operating system. The Communities That Care system is a platform that helps the various parts of a community work together efficiently and effectively to meet the community's unique needs.

# Notes

*Just as a computer operating system can run various software programs people use to meet their different needs, each community using the Communities That Care system will implement a set of programs to meet its unique prevention needs. And, as with a computer, the Communities That Care system doesn't go away once you've installed it. It continues to operate in the background after you have put programs in place, providing the framework for your community to continue promoting the healthy development of children and youth efficiently and effectively. That's why we show the Communities That Care system as a circular process—once installed, it continues to operate.*

*The Communities That Care system involves five phases. The phases, and the milestones and benchmarks associated with each, describe the key activities and tasks that need to be accomplished for the Communities That Care system to be successful. Your community may have already successfully completed some or all of these key activities and tasks for one or more phases. If so, we will help you identify them and ensure that key participants in the process are aware of what has already been completed.*



## Phase One: Getting Started

Purpose: Begin the *Communities That Care* process. Identify:

- people
- scope
- readiness
- resources.

Support: Strategic Consultation; *Tools for Community Leaders: A Guidebook for Getting Started*

Community Board Orientation

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Slide 2-50

# Notes

### Objective 4: Explain how the *Communities That Care* operating system works.

Review the slide.

*The purpose of Phase One is to begin the Communities That Care process. This involves ensuring that the right people are involved, that the scope of the Communities That Care initiative has been identified, that readiness issues have been identified and addressed, and that appropriate resources have been secured to support the early phases.*

**NOTE:** An overview of what has occurred during this phase should have been presented earlier by the Champion or other Key Leader. If any issues still need to be addressed by the board, they should be discussed during the planning activities in Module 7.



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## Communities That Care

## Phase Two: Organizing, Introducing, Involving

**Purpose: Prepare Key Leaders, the Community Board and community members for involvement by:**

- developing an organizational structure
- creating a work plan
- securing resources to implement the *Communities That Care* system
- confirming milestones and benchmarks to create accountability.

**Support: Key Leader Orientation; Community Board Orientation; Technical Assistance as needed**

## Community Board Orientation

**Objective 4: Explain how the *Communities That Care* operating system works.**

Review the slide.

*The purpose of Phase Two is to prepare key stakeholders for involvement in the Communities That Care system. The first step in this process was the Key Leader Orientation, which resulted in commitment to the Communities That Care system by Key Leaders, creation of the Key Leader Board, and in all of you being asked to serve on the Community Board and attend today's session.*

*The Key Leader Board acts as an important resource for the Community Board. It also holds the Community Board accountable for the implementation and progress of the Communities That Care process. The Key Leaders have made a commitment to the Communities That Care effort and will help keep it in the public eye. The Key Leader Board can help the Community Board obtain needed resources, from these early planning stages through selection and implementation of the tested, effective prevention strategies that will be most effective for your community's needs.*





## Communities That Care

## Slide 2-52

## Community Board Orientation

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- *identify the priority risk factors and protective factors (as we saw with the three neighborhoods)*
- *inventory and assess the programs, policies and practices you currently have in place to address those priorities*
- *identify gaps in your current prevention strategies.*



## Phase Four: Creating a Community Action Plan

- Measurable outcomes
- Selection of programs, policies and practices to fill gaps
- Implementation and evaluation plans

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*Once you have identified gaps in your current responses to prevention needs in your community, you will learn how to develop goals for measurable, desired outcomes that can be used to evaluate progress and ensure accountability. Then you will investigate tested, effective programs, policies and practices to fill identified gaps. Finally, you will develop a plan for implementing selected strategies and evaluating progress toward your desired outcomes.*



## Communities That Care

## Slide 2-54

## Community Board Orientation

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Slide 2-55

# Notes

### Training events

Communities That Care

Phase One	• Strategic Consultation
Phase Two	• Key Leader Orientation • Community Board Orientation
Phase Three	• Community Assessment Training • Community Resources Assessment Training
Phase Four	• Community Planning Training
Phase Five	• Community Plan Implementation Training

Community Board Orientation

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**Objective 4: Explain how the *Communities That Care* operating system works.**

*Each of the five phases of the Communities That Care system has associated consultation or training, and materials to help you accomplish the required tasks between the trainings and consultations.*

Review the slide.

## Community Action Plan: Key elements

- Broad community involvement and ownership
- Data-driven assessment of risk, protection, behavior and resources
- Mutually agreed-upon focus and priorities
- Research-based programs, policies and practices, building on existing resources
- Outcome-based plan and evaluation strategy

Community Board Orientation

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Slide 2-56

# Notes

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### Objective 4: Explain how the *Communities That Care* operating system works.

The key elements of a successful Community Action Plan are:

Review each item as you click it onto the screen and elaborate as follows:



When all the community's interested stakeholder groups are involved in some way in the creation and adoption of the plan, it's possible to change the entire local environment—creating the foundation for long-term positive change.



A successful Community Action Plan must be based on a data-driven assessment, in order to ensure that it addresses the community's specific profile of risk, protection and behavioral outcomes, as well as gaps in existing resources.



The community must agree on the key issues the plan will address in order to create a plan that can be carried out effectively. Points of agreement include defining the community (geographical or other) that the plan will serve, and identifying the risk factors and health and behavior issues to be addressed.



A successful Community Action Plan needs to implement prevention strategies that are not only tested and proven effective for addressing the identified priority risk factors, but that also fill gaps not currently addressed by the community's existing prevention efforts.

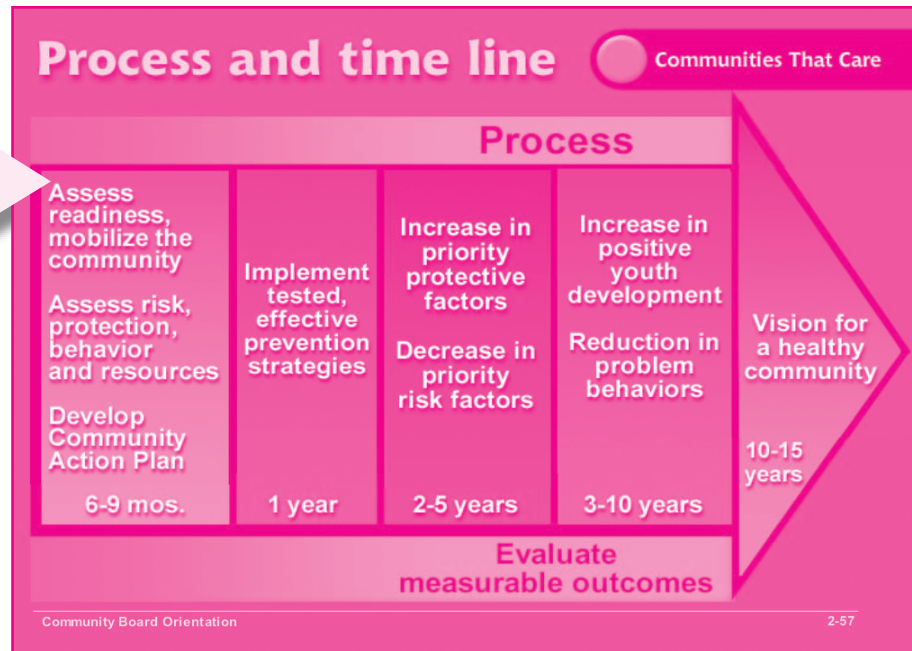


In order to ensure the effectiveness of the selected prevention strategy, the Community Action Plan must identify the desired outcomes and the ways in which the strategy will be evaluated.



Slide 2-57

## Notes



### Objective 4: Explain how the **Communities That Care** operating system works.

Here's an overview of the "big picture" of the Communities That Care process.

Time frames will vary from one community to another.

Review each item as you click it onto the screen.



The first year sees the completion of the first four phases of the Communities That Care process, which build up to the development of a community plan for the implementation of tested, effective programs, policies and strategies.



By end of the first year, the community is ready to implement tested, effective prevention strategies. But the work doesn't end there.



Over the next few years, the outcomes of those strategies become visible in the community. Between 2 and 5 years into the process, the community can expect to begin to see an increase in its priority protective factors and a decrease in its priority risk factors.



And sometime between 3 and 10 years into the process the community can expect to see an increase in positive youth development and a reduction in problem behaviors. It's during this time period that the community needs to begin to evaluate these measurable outcomes. Based on these evaluations, the community can continue to efficiently and effectively focus its prevention efforts.



As the system continues to operate, the community moves toward its vision of healthy development for children and adolescents.



## Benefits of the Communities That Care system

Communities That Care

- Shared vision and community norms
- Common language for prevention and youth development
- Coordinated data collection and analysis using a limited, manageable data set
- Integrated planning processes

Jenson et al., 1997; U.S. General Accounting Office, 1996;  
Office of Juvenile Justice and Delinquency Prevention, 1996, 1997

Community Board Orientation

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Slide 2-58

# Notes

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### Objective 5: Describe the benefits of implementing the Communities That Care operating system.

*The Communities That Care operating system has been used in hundreds of communities across the country.*

*Several process evaluations have been conducted. The goal of a process evaluation is to examine whether the program was implemented with fidelity and is providing the intended services. In terms of the Communities That Care system, process evaluations look at how effective the system is in helping communities mobilize, improve planning and decision making, and select tested, effective strategies matched to their risk and protection profiles.*

*Here are some details of major process evaluations of the Communities That Care system:*

- *The Communities That Care operating system provided the framework for the Office of Juvenile Justice and Delinquency Prevention's (OJJDP) Title V Community Prevention Grants Program. The OJJDP's 1996 Title V Report to Congress presents results of the Communities That Care system in Title V communities.*
- *The U.S. General Accounting Office (GAO) also issued a report to Congress in 1996 detailing findings from Title V communities.*
- *An evaluation conducted in Iowa examined communities using the Communities That Care system to guide their Title V Delinquency Prevention grants.*
- *The Center for Substance Abuse Prevention (CSAP) funded process evaluations conducted by Dr. Tracy Harachi and colleagues in Oregon and by Dr. Michael Arthur and colleagues in Washington and Oregon.*

*These evaluations have identified many benefits of the Communities That Care system as shown on the slide.*





Slide 2-59

# Notes

## Benefits of the Communities That Care system

Communities That Care

Increased:

- funding
- collaboration among agencies
- accountability
- use of tested, effective programs
- long-range, strategic focus
- community involvement.

Jenson et al., 1997; U.S. General Accounting Office, 1996;  
Office of Juvenile Justice and Delinquency Prevention, 1996, 1997

Community Board Orientation

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### Objective 5: Describe the benefits of implementing the *Communities That Care* operating system.

Process evaluations identified these additional benefits that the *Communities That Care* system brings to prevention-planning efforts:

Review each item as you click it onto the screen and elaborate as follows:



The GAO report shows that every dollar of federal money was matched by 90 cents from other sources—far better than the 50-cent match Title V requires.



The OJJDP's 1996 report notes that more than half of the State Juvenile Justice Specialists listed increased interagency collaboration as a positive outcome of the Community Prevention Grants Program.



The community's profile of risk factors, protective factors and outcome behaviors can be used as a baseline against which progress can be measured.



The GAO report shows that 90% of communities implemented two or more tested, effective strategies, based on the *Communities That Care* model.



By focusing on the underlying risk and protective factors that impact young people's development, the *Communities That Care* system helps the community develop strategic, long-term plans for promoting positive youth development.



Jenson and colleagues report that the prevention initiative in Iowa "... involved citizens who were unfamiliar with youth problems in the process of finding solutions to crime and delinquency."

## Communities That Care

- “turf” conflict
- duplication or fragmentation of resources
- “problem du jour”
- use of untested or proven ineffective programs
- community disorganization.

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## Slide 2-60

Review each item as you click it onto the screen and elaborate as follows:



*By taking a collaborative approach and involving all interested stakeholder groups, the Communities That Care system allows various community sectors to view the prevention effort as everyone's concern.*



*The Communities That Care resource assessment helps communities look at the full range of resources available and identify areas of overlap or duplication. The assessment helps communities identify gaps in existing resources.*

# Notes



The “problem of the day” approach may be driven by high-profile events, such as an outbreak of violent crime or an alcohol-related traffic fatality. Such an approach can also result when agencies pursue specific funding streams—for example, an agency may choose to focus on “binge-drinking” prevention simply because a funding opportunity is available to address the problem. By systematically identifying the community’s needs and areas of greatest risk and least protection, the community can focus its efforts on underlying predictors rather than addressing symptoms of problems.



The Communities That Care system provides resources (including Communities That Care Prevention Strategies: A Research Guide to What Works) for identifying and selecting tested, effective programs to address risk and protective factors.



By taking a collaborative, systematic approach, the Communities That Care system helps everyone in the community to share priorities. The Communities That Care process itself has been shown to address the risk factor of community disorganization by engaging community members in an effort to positively impact their neighborhoods.

Example results	
Ames, IA	Improved cognitive skills
East Prairie, MO	Improved parenting skills, family relations, community relations
Montgomery County, MD	72% decrease in suspensions; 30% decrease in school problems
Nekoosa, WI	Decrease in student detentions, academic failure, truancy
Lansing, MI	Decrease in fights, suspension; Increased feelings of safety at school
Port Angeles, WA	65% decrease in weapons charges; 45% decrease in burglary; 29% decrease in drug offenses; 27% decrease in assault charges; 18% decrease in larceny

Office of Juvenile Justice and Delinquency Prevention, 1996, 1997

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Notes

### Objective 5: Describe the benefits of implementing the Communities That Care operating system.

*To date, no randomized and controlled trials have been conducted as outcome evaluations of the Communities That Care system. (An outcome evaluation would examine the extent to which the Communities That Care system increased protection and decreased risk and problem behaviors in a community.)*

*However, several communities that have implemented the Communities That Care system have reported promising results. These results offer an encouraging look at the wide range of positive changes that can occur when a community implements tested, effective programs that are matched to its risk and protection profile.*

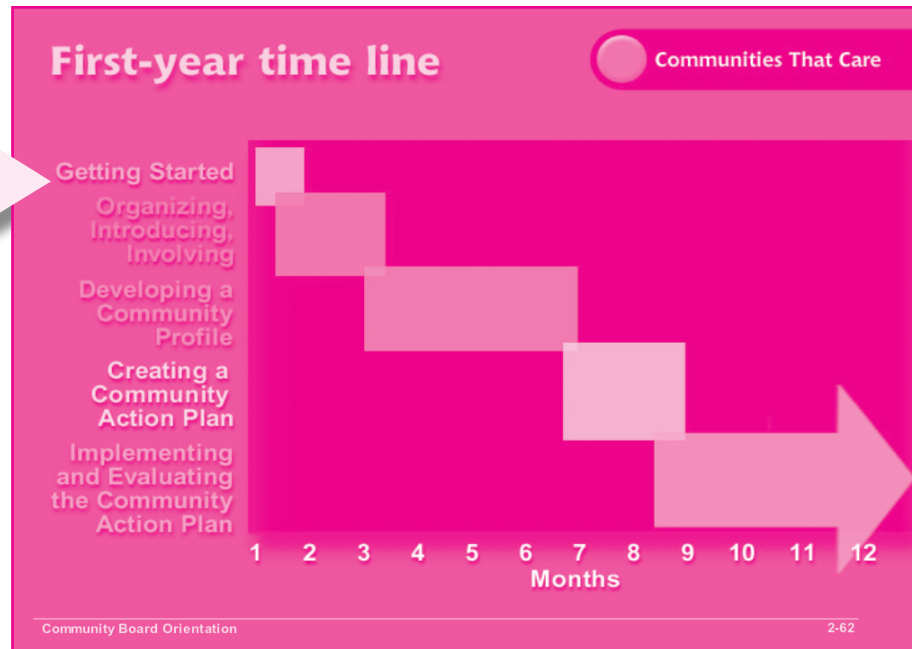
Review the slide.

*As process evaluations have shown, the Communities That Care system is extremely effective in helping communities select those tested, effective programs.*



Slide 2-62

## Notes



Here is what we've found to be a "typical" time line for the five phases of the Communities That Care process. Although this time line shows distinct periods for each phase, keep in mind that these time periods may overlap or vary greatly depending on your community's needs.

And remember that this process extends far beyond one year—the implementation of new programs based on ongoing evaluations is essential for reducing risk and enhancing protection in your community.

Let's briefly review the five phases.

**Getting Started**—This involves organizing the community to begin the Communities That Care process.

**Organizing, Introducing, Involving**—This phase sees the engagement of Key Leaders and the development of the Community Board.

**Developing a Community Profile**—At this point, the Community Board has the capacity to conduct a community assessment and prioritization. The Community Board identifies priority risk and protective factors and conducts a resources assessment and gaps analysis.

For communities using the Communities That Care Youth Survey, this phase can be completed in about three months. Communities that do not use the survey will need about six months to complete Phase Three, and will be unable to gather data on protective factors.

**Creating a Community Action Plan**—Using the community profile, the Community Board specifies desired outcomes and selects tested, effective programs, policies and practices to address priorities and fill gaps.

**Implementing and Evaluating the Community Action Plan**—This is the time to implement new programs, policies and practices. Program-level evaluations, conducted at least annually, ensure that these strategies are implemented with fidelity. Biennial community-level assessments ensure the community's efforts are achieving the desired outcomes.

## Milestones and benchmarks

Communities That Care

- Established for each phase
- Indicate critical steps and procedures
- Document and celebrate accomplishments
- Supported by training modules



Community Board Orientation

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Slide 2-63

## Notes

*The Communities That Care system is a structured process for installing effective risk- and protection-focused programs and actions matched to the assessed needs of communities.*

*Milestones and benchmarks indicate what needs to be accomplished during each phase of the Communities That Care system. They help communities to stay on track and hold themselves accountable for progress and outcomes.*

*Milestones are specific goals to be achieved when implementing the Communities That Care system. Benchmarks are steps that can be taken to achieve milestones.*

*Milestones and benchmarks are used:*

- *as a planning tool—to decide what needs to happen in the planning process*
- *as a checklist—to ensure that all appropriate steps are taken*
- *as an assessment and evaluation tool—to identify necessary changes or technical assistance needs. Milestones and benchmarks can also be used in process evaluations of your implementation of the Communities That Care system.*

*Milestones and benchmarks can be adapted to meet specific community or state requirements.*

*All of the Communities That Care training modules and implementation guides are specifically designed to support the completion of the milestones and benchmarks.*



# Milestones and Benchmarks

Ask participants to turn to Appendix 3 of their guides.

Take about 2 minutes to have participants flip through all the milestones and benchmarks, to see that there is a set of these for each phase. Then have them go back to the milestones and benchmarks for Phase One.

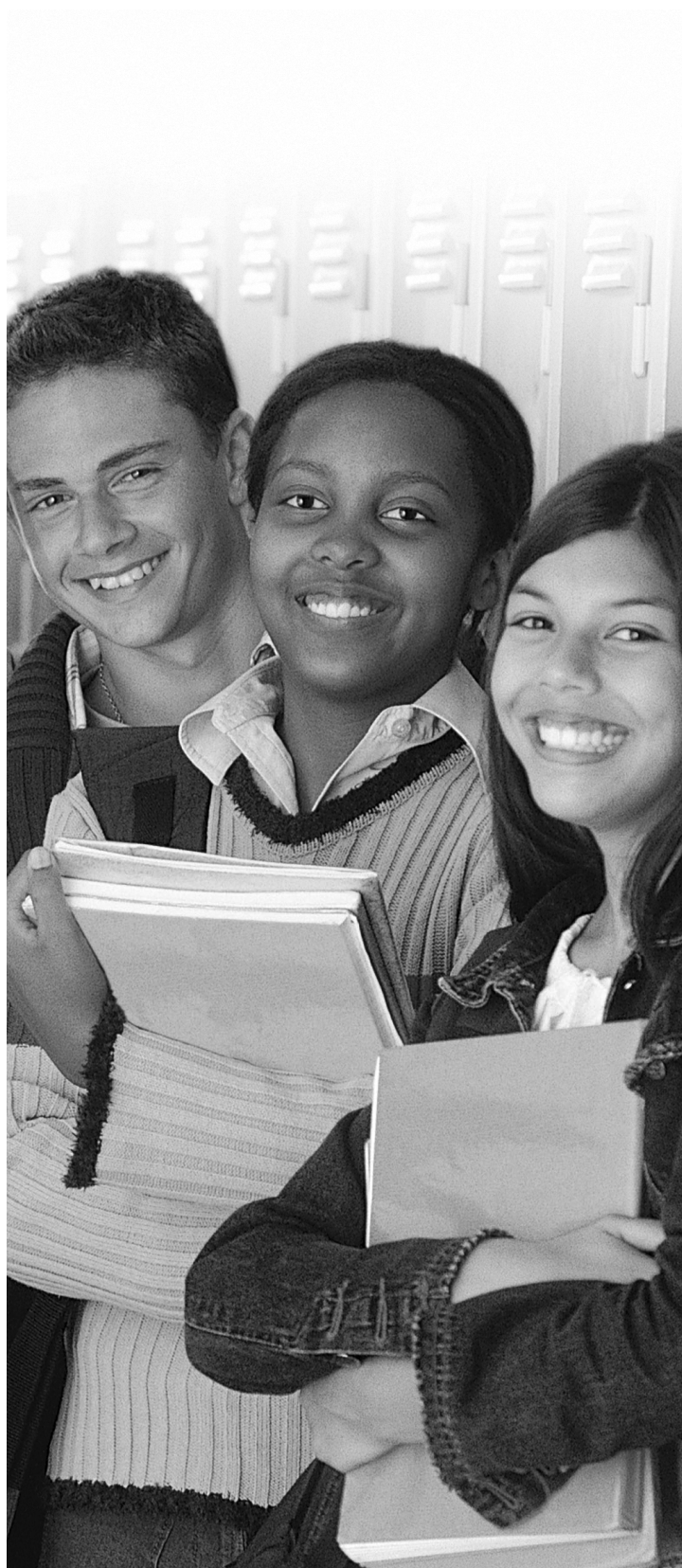
Take about 3 minutes to read through the Phase One milestones and benchmarks with participants, to acquaint participants with the setup. Be sure to point out how each milestone has a set of actions (benchmarks) that can help the Community Board achieve it. Then, take about 5 minutes to have each participant review these again, identifying:

- 3 benchmarks he or she knows the outcome of (e.g., who the Champion is, definition of the community to be organized, whether there is school district support for the *Communities That Care Youth Survey*).
- 3 benchmarks that have not been achieved or whose outcome the participant is unsure of.

Take about 10 minutes to discuss participants' answers and any questions they have, recording the questions to use in later readiness discussions.

Take about 10 minutes to review the Phase Two milestones and benchmarks as a group, noting which have been completed and the status of any that are not yet complete (and when they will be addressed—for example, establishing the Community Board organizational structure in Module 6).

Give participants about 5 minutes to review the other three phases on their own. Explain that more details will be provided about these to the relevant people (e.g., the Resources Assessment and Evaluation work group) during the trainings or other support provided for that phase.





## The role of Key Leaders in initiating the Communities That Care system

Communities That Care

- Commit to the process
- Engage other Key Leaders
- Establish the Community Board
- Oversee implementation of the Communities That Care system
- Educate the community about the Communities That Care system

Community Board Orientation

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### Mental Set

*Key Leaders are the influential individuals in the various sectors of your community. They control resources, impact policy and influence public opinion. The Key Leaders make the community's commitment to the Communities That Care system during the Key Leader Orientation by agreeing to be part of a Key Leader Board. The role of the Key Leader Board is critical in initiating the Communities That Care system.*

*It is the job of the Key Leaders to:*

Review each item as you click it onto the screen and elaborate as follows:



Key Leaders make a commitment to the Communities That Care process during the Key Leader Orientation.



Key Leaders help ensure that all interested stakeholder groups are represented in the Communities That Care system (for example, involving a Key Leader from the social services field, if there isn't one already).



Key Leaders establish the Community Board, and help recruit new members as needed.



Key Leaders oversee the implementation of the Communities That Care system.



Key Leaders help educate the community about the Communities That Care system. As part of this process, they communicate why the Communities That Care system is being adopted.



Slide 2-65

# Notes

### The role of Key Leaders in initiating the *Communities That Care* system

Communities That Care

- Hold the Community Board accountable
- Provide access to community resources and information
- Support implementation of the Community Action Plan

Community Board Orientation

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*It is also the job of Key Leaders to:*

Review each item as you click it onto the screen and elaborate as follows:



*The Key Leader Board holds the Community Board accountable for the progress of the effort, by receiving regular progress reports of milestones achieved and areas where Key Leader support is needed.*



*The Key Leaders are able to provide access to community resources and information (for example, in making the appropriate contact at an agency to gather needed assessment data).*



*The Key Leader Board stays involved with the process through Phase Five: Implementation and Evaluation of the Community Action Plan. The Key Leader Board helps obtain needed resources to carry out the plan and the selected prevention strategies.*

*Key Leader support is essential for developing resources to underwrite new initiatives indicated by assessment data.*

## The Community Board

Communities That Care

- Represents the community's diversity
- Includes representation from all stakeholder groups
- Requires a three- to five-year commitment
- Requires a broad range of skills



Community Board Orientation

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Slide 2-66

# Notes

*So far, we've covered the prevention-science research base, and the Communities That Care operating system and how it benefits communities. Many of you are probably wondering, "What's my role in this?"*

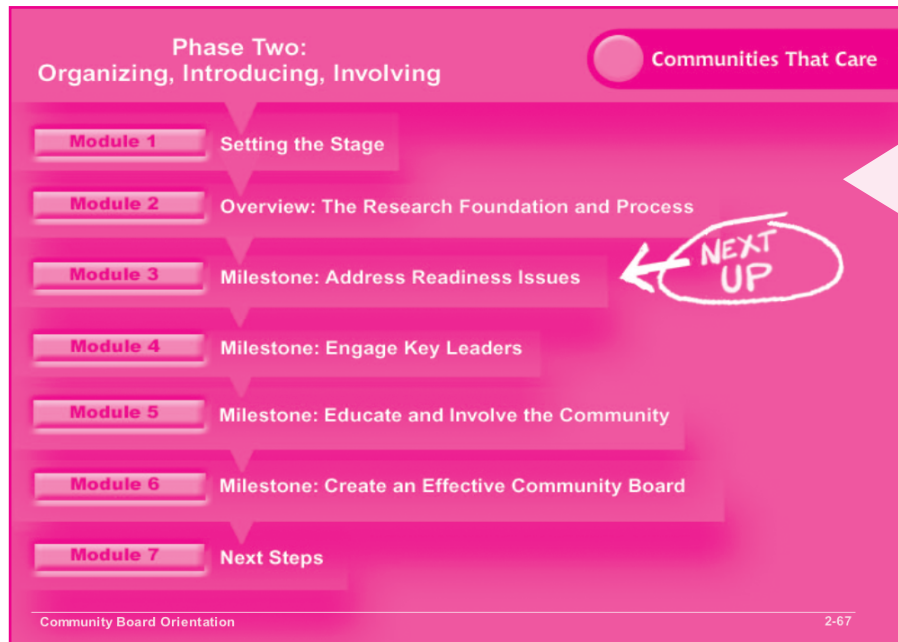
Review the slide.

*The Community Board plays a critical role in the Communities That Care system. You are the ones who will carry out the tasks involved in the Communities That Care system.*

Review the Community Board responsibilities on the following page. Remind participants that they can find this information in Appendix 4 of their guides.

# Community Board Responsibilities

1. Attend the *Communities That Care* trainings.
2. Facilitate the development of a community vision, based on an identification of core community beliefs.
3. Learn about the prevention-science research base and how it applies to community planning.
4. Serve as community ambassadors for a risk- and protection-focused approach to youth development.
5. Conduct the community assessment of risk factors, protective factors and problem behaviors.
6. Work with Key Leaders and community stakeholder groups to prioritize risk and protective factors.
7. Conduct the community resources assessment, and identify gaps in the current response to priorities.
8. Identify and investigate tested, effective programs, policies and practices to fill gaps.
9. Design a 3- to 5-year Community Action Plan with goals for measurable outcomes.
10. Develop an evaluation plan to measure the defined outcomes.
11. Work with Key Leaders to identify and secure resources to support the Community Action Plan.
12. Facilitate the implementation and evaluation of the Community Action Plan.
13. Communicate regularly with Key Leaders and the community.
14. Involve stakeholders in Community Action Plan development and implementation.
15. Work with Key Leaders and community members to sustain commitment to the community vision.
16. Reassess problem behaviors and risk and protective factors.
17. Evaluate the Community Action Plan.



Slide 2-67

Notes

Review the slide.

# Notes